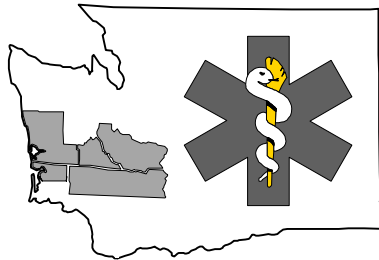


# **WEST REGION EMS AND TRAUMA CARE SYSTEM OPERATIONAL GUIDELINES**

**May 2000**



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**Definition**

The term “Patient Care Procedure(s)” is used in this document as defined in RCW 70.168.015, Definitions (23):

“Patient Care Procedures” means written operating guidelines adopted by the regional EMS and trauma care council ...

(Also see Appendix A: WAC 246-976-010 Definitions of EMS Terminology, page 10.)

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #1

**Title:       System Access**

**Objective:** To define an expedient method of accessing trauma care system by victims, bystanders or public safety service.

#### **PROCEDURE:**

The regional standard shall be for universal access to the trauma system, for having the nearest available response unit dispatched when needed, and for having enhanced 911 in place by 1998 in accordance with the state plan.

#### **TRAINING:**

Dispatch training will be required to include emergency medical dispatch and trauma systems accessing. Ongoing training of dispatch personnel will occur. Regionwide community education will focus on how to access the system when needed.

#### **IMPLEMENTATION:**

The West Region will identify areas not currently serviced by the E911 system. The Council will support and work with the state E911 Office to realize the goal of regionwide E911 access.

#### **QUALITY ASSURANCE:**

The region will gather and analyze data on dispatch information, response times, activation of trauma teams and any problems related to accessing the trauma system. This data may come from prehospital care forms, as well as other information systems that may be available to the region.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #2A

**Title:           Communications**

**Objectives:**   To define a system for providing care instructions to the caller prior to arrival of prehospital care providers.

                  To define the system of interfacility communications.

#### **PROCEDURE:**

The regional standard shall be for the dispatcher to provide priority based dispatch (or equivalent) instruction to the caller prior to prehospital provider arrival.

The regional standard shall be for all EMS receiving facilities to have a primary and at least one secondary method of interfacility communications, both landline and non-landline.

#### **IMPLEMENTATION:**

Appropriate telephone aid instructions will be given to callers.

Current methods of communication between hospitals will be identified.

#### **QUALITY ASSURANCE:**

Review of dispatch tapes will be completed by dispatch agencies as needed to ensure appropriate instructions were given.

All trauma and EMS receiving facilities will have written plans for interfacility communication, both landline and non-landline.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #2B

**Title:      Dispatch**

**Objective:** To define a system for dispatching the closest appropriate level and number of prehospital care providers to the scene.

#### **PROCEDURE:**

Appropriate dispatch will be:

- 1) Verified trauma services dispatched to trauma patients
- 2) Appropriate EMS services dispatched to EMS patients

#### **IMPLEMENTATION:**

The closest trauma verified aid/and or verified ambulance service shall be dispatched to respond and/or transport to all known or suspected major trauma patients who meet (or are suspected to meet) Trauma Registry Inclusion Criteria [see Appendix B: Prehospital Trauma Triage (Destination) Procedures].

Trauma Verified Services shall proceed in an emergency mode to all suspected major trauma incidents until which time they have been advised of injury status of the patients involved. There will be communication between the onscene prehospital provider and medical control.

#### **QUALITY ASSURANCE:**

Both hospital and prehospital providers will evaluate communication methods and dispatch, and report data as needed to the West Region Quality Improvement Forum for further evaluation and trend analysis.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #3

**Title:      Medical Command at the Scene**

**Objective:** To define who is in medical command at the EMS scene, and to define line of command when multiple providing agencies respond.

#### **PROCEDURE:**

The regional standard shall be for the incident command system to be used at all times. Per the incident command system, medical command will be designated by the incident commander. The medical commander should be the individual with the highest level medical certification who is empowered with local jurisdictional protocols.

Law enforcement will be responsible for overall scene security.

#### **QUALITY ASSURANCE:**

Departure from this policy shall be reported to the MPD in the jurisdiction of the incident.



## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #4

#### **Title:      Responders & Response Times**

**Objective:** To geographically define urban, suburban, rural, & wilderness, and the required prehospital response time for those areas.

#### **PROCEDURE:**

The regional standard for response times and responders shall be in accordance with current WAC 246-976-390 as follows:

Verified **aid services** shall meet the following minimum agency response times for response areas as defined by the department and identified in the approved regional plan:

- (a) To urban response areas: Eight minutes or less, eighty percent of the time;
- (b) To suburban response areas: Fifteen minutes or less, eighty percent of the time;
- (c) To rural response areas: Forty-five minutes or less, eighty percent of the time;
- (d) To wilderness response areas: As soon as possible.

Verified aid services shall provide **personnel** on each trauma response including:

- (a) Aid service, basic life support: At least one individual, first responder or above;
- (b) Aid service, intermediate life support: At least one IV/airway technician; or two individuals, one IV technician and one airway technician;
- (c) Aid service, advanced life support: At least one paramedic.

Verified **ground ambulance** services shall meet the following minimum agency response times for response areas as defined by the department and identified in the approved regional plan:

- (a) To urban response areas: Ten minutes or less, eighty percent of the time;
- (b) To suburban response areas: Twenty minutes or less, eighty percent of the time;
- (c) To rural response areas: Forty-five minutes or less, eighty percent of the time;
- (d) To wilderness response areas: As soon as possible.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure # 4 (continued)

Verified ambulance services shall provide **personnel** on each trauma response including:

- (a) Ambulance, basic life support: At least two certified individuals -- one EMT plus one first responder;
- (b) Ambulance, intermediate life support:
  - (i) One IV/airway technician, plus one EMT; or
  - (ii) One IV technician and one airway technician, both of whom shall be in attendance in the patient compartment, plus a driver;
- (c) Ambulance, paramedic: At least two certified individuals -- one paramedic and one EMT.

#### IMPLEMENTATION:

Per WAC 246-976-430, each prehospital agency is responsible for collecting and submitting response time documentation within its response area through the State Trauma Registry.

#### QUALITY ASSURANCE:

The response times and all agencies that do not meet the state standard will be reviewed by the West Region Quality Improvement Forum as reported by the State Trauma Registry. Response times will be tracked over a two-year period and the standards reevaluated based on input from the MPDs and responder agencies. Per WAC 246-976-440, the Department of Health shall provide registry reports to all providers that have submitted data.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #5

#### **Title: Medical Control - Trauma Triage/Transport**

**Objectives:** To define the anatomic, physiologic, and mechanistic parameters mandating trauma systems inclusion.

To define the anatomic, physiologic, and mechanistic parameters mandating designated trauma facility team activation.

#### **PROCEDURES:**

##### **Prehospital Trauma Triage**

Prehospital assessment of injured patients for triage into the trauma system and designated trauma facility team activation will be based on the current approved State of Washington Prehospital Trauma Triage (Destination) Procedures.

Patients that meet trauma triage procedures criteria shall be transported to a designated facility as directed by the triage procedures (see Appendix B).

Pediatric trauma patients will be transported to designated pediatric trauma facilities as directed by the trauma triage procedures (see Appendix B). Where appropriate the patient may be directed to the nearest appropriate designated trauma center for stabilization and physician evaluation. This may be done by ground or air.

Consider transport of unstable patients to nondesignated facilities capable of appropriately stabilizing the patient's medical needs prior to interfacility transfer of trauma patients to designated trauma facilities. In areas where a designated trauma facility is beyond 30 minutes transport time by air or ground, the patient will be taken to the closest appropriate medical facility for stabilization and then transferred to an appropriate designated trauma facility.

County procedures that provide direction to field personnel regarding options when a potential destination facility is on divert are provided in Appendix C: County and Designated Trauma Facility Divert Policies.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### **Patient Care Procedure #5 (continued)**

#### **Medical Control**

Medical control will be contacted when possible for all trauma patients as defined above. When BLS/ALS responds, medical control contact should be made as early as possible by BLS/ALS ground personnel for the purpose of medical control and to confirm transport destination. Steps 1 and 2 require prehospital personnel to notify medical control and activate the Trauma System. Activation of the Trauma System in Step 3 is determined by medical control. Patients will be identified by applying orange trauma band to wrist or ankle. Data collection will be coordinated through band identification.

#### **PHI or Equivalent**

Designated facilities will calculate PHI or an equivalent. Pediatric facilities will calculate pediatric trauma score.

#### **IMPLEMENTATION:**

As of March 1, 1996, the region will utilize the resources of designated trauma facilities as they are designated within the region.

Providers will transport trauma activation patients according to the regional trauma facility designation plan as the plan is implemented.

#### **QUALITY ASSURANCE:**

Per WAC 246-976-430, each prehospital agency is required to participate in the state data system by submitting documentation through the State Trauma Registry on all patients entered into the trauma system. The West Region Quality Improvement Forum will review trauma team activation and surgeon activation, as reported by the State Trauma Registry. This will include procedures and guidelines.

Medical controls will keep accurate recorded communications (log book or tape) for auditing as needed by local communication boards/local EMS councils and MPDs. Departure from this policy will be reported to the West Region Quality Improvement Forum.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #6

#### **Title:      Air Transport Procedure**

**Objectives:** To define who may initiate the request for onscene emergency medical air transport services.

To define under what circumstances nonmedical personnel may request air transport onscene service.

To define medical control/receiving center communication and transport destination determination.

To reduce prehospital time for transport of trauma patients to receiving facility.

#### **PROCEDURE:**

Any public safety personnel, medical or nonmedical, may call to request onscene air transport when it appears necessary and when prehospital response is not readily available. This call should be initiated through dispatch services. In areas where communications with local dispatch is not possible/available, direct contact with the air transport service is appropriate.

Air ambulance activation requires appropriate landing zones are available at or near the scene and at the receiving facility. Consider air transport when:

1) Hoisting is needed; 2) Helicopter transport will reduce the prehospital time to the greatest extent regarding the trauma triage procedures requirements.

Do not consider air transport when transport by helicopter to the receiving facility exceeds 30 minutes and exceeds the time for ground transport to another designated trauma or appropriate receiving facility. In areas where a designated trauma facility is beyond 30 minutes transport time by air or ground, the patient will be taken to the closest appropriate medical facility for stabilization and then transferred to an appropriate designated trauma facility as needed. See Appendix D or most current Washington State list of designated trauma care service facilities. Activation of the helicopter does not predetermine the destination.

Steps 1 and 2 require prehospital personnel to notify medical control and activate the trauma system. Activation of the trauma system in Step 3 is determined by medical control.

### Patient Care Procedure #6 (continued)



## ***West Region EMS & Trauma Care System Operational Guidelines***

When BLS/ALS responds, medical control contact should be made as early as possible by BLS/ALS ground personnel for the purpose of medical control and to confirm transport destination. The medical control should contact the receiving facility.

When the use of a helicopter is believed by the field personnel to be the most expeditious and efficacious mode of transport, contact of local online medical control and activation of the trauma system will be concurrent to the activation of the helicopter.

Medical control will consider the following in confirming patient destination: location, ETA of helicopter, availability of ground transportation, proximity of other designated trauma receiving centers, their current capabilities and availability.

The air transport service is responsible for communicating to the initiating dispatch center the estimated time of arrival and significant updates as necessary. Air transport services are subject to their own protocols for appropriate activation. Air transport must contact the initiating dispatch center if unable to respond.

### **QUALITY ASSURANCE:**

The West Region Quality Improvement Forum will review reports by air transport agencies of launches including cancels, transports, and destinations, as provided by the State Trauma Registry.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #7

**Title:           Prehospital Care - Mutual Aid**

**Objectives:**   To assure adequate EMS mutual aid within and across the West Region's boundaries.

                  To develop a mechanism where EMS mutual aid requests are incorporated into dispatch, response, and medical incident command.

**PROCEDURE:**

The regional standard shall be that all counties in the region have written mutual aid agreements.

**IMPLEMENTATION:**

The county councils will identify those areas where mutual aid agreements are needed and provide assistance in attaining agreements between providers. Identification of mutual aid agreements will be made and available to all trauma care providers.

**QUALITY ASSURANCE:**

The West Region Quality Improvement Forum will evaluate and review mutual aid agreements and the process as needed. Non responses or noncompliance with existing agreements shall be reported by the agency requesting assistance to the Forum for review.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #8

**Title:           Hospital Resource - Interfacility Transfer**

**Objective:**   To establish recommendations for transport of patients from one designated trauma facility or undesignated medical facility to a designated trauma facility, consistent with established West Region guidelines.

#### **PROCEDURE:**

All interfacility transfers will be in compliance with current OBRA/COBRA regulations.

Major trauma patients that were transported to undesignated trauma facilities for the purposes of stabilization and resuscitation must be transferred to a designated trauma facility (see Appendix D).

The transferring facility must make arrangements for appropriate level of care during transport.

The receiving center must accept the transfer prior to the patient's leaving the sending facility.

The receiving medical provider (physician) must accept the transfer prior to the patient's leaving the sending facility.

All appropriate documentation must accompany the patient to the receiving center.

The transferring physician's orders will be followed during transport as scope of provider care allows. Should the patient's condition change during transport, the sending physician, if readily available, or nearest medical control should be contacted for further orders.

Prehospital protocols from county of origin will be followed during the transport.

To the extent possible, a patient whose condition requires treatment at a higher level facility should be transferred to an appropriate facility within the region.



## ***West Region EMS & Trauma Care System Operational Guidelines***

### **Patient Care Procedure # 8 (continued)**

The destination medical center will be given the following information:

- Brief history
- Pertinent physical findings
- Summary of treatment
- Response to therapy and current condition

Further orders may be given by the receiving physician.

#### **TRAINING:**

Hospital personnel will be oriented to regional transfer requirements and familiarized with OBRA requirements.

#### **QUALITY ASSURANCE:**

The numbers of and reasons for interfacility transfers will be reviewed by the West Region Quality Improvement Forum as needed, based on data reports supplied by the State Trauma Registry. Inclusion indicators will be developed by the Forum in accordance with state and federal guidelines, as well as regional standards.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### **Patient Care Procedure #9**

**Title:** Hospital Resource – Rehabilitation

**Objective:** To assure that all major trauma patients have early access to and receive the appropriate physical medicine and rehabilitation services.

#### **PROCEDURE:**

Rehabilitation services consultation will be available in each designated Level 1 – 3 Acute Trauma Facility.

Each designated acute trauma facility will have an individual(s) designated as a Rehab Trauma Coordinator. It is the responsibility of the Rehab Trauma Coordinator to make early contact with each major trauma patient and to facilitate the referral to and/or transfer to, if indicated, to the appropriate Level 1 or Level 2 designated rehabilitation facility services.

#### **IMPLEMENTATION:**

The designated trauma rehabilitation providers in the region participate in the system by acquiring and maintaining designation by the Department of Health as a designated Rehabilitation Trauma Facility. Major trauma patients requiring inpatient rehabilitation services will be referred only to designated Rehabilitation Trauma Facilities.

#### **TRAINING:**

Each designated rehab trauma facility will provide information to the acute care facilities to assure that the acute facilities are knowledgeable regarding access to rehab services. The Level 1 facility(ies) are required to provide outreach to the region regarding rehab issues.

#### **QUALITY ASSURANCE:**

Quality assurance activities will be conducted under the direction of the West Region Quality Improvement Forum. The rehab Coordinators in the designated trauma facilities will serve on the West Region Quality Improvement Forum.

Any feedback received by the region regarding rehab services will be shared promptly with the facility identified for appropriate action.

#### **RESOURCES/REFERENCES:**

- Heath Rehabilitation Center at Good Samaritan Hospital, Puyallup
- Providence St. Peter Hospital Rehabilitation Unit, Olympia
- Providence Centralia Hospital Rehabilitation Unit, Centralia
- St. Joseph Medical Center Rehabilitation Unit, Tacoma

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #10

**Title:      Prehospital Report Form**

**Objective:** To define the trauma information reporting requirement.

**PROCEDURE:**

The regional standard for data reporting shall be consistent with WAC.

All critical patient information will be left at the patient's receiving facility. Completed prehospital forms will be submitted by prehospital providers to the receiving facility within two hours of patient arrival 95 percent of the time.

At a minimum, one copy of the prehospital report should be transported to the receiving facility, one copy should be retained by the prehospital provider, and one copy should be made available to the medical control or MPD for review.

These forms are to be used for gathering data for the State Trauma Registry.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #11

#### **Title: EMS/Medical Control - Communications**

**Objectives:** To define methods of expedient communication between prehospital personnel and medical control and receiving centers.  
To define methods of communication between medical controls and regional designated trauma facilities and other facilities.

#### **PROCEDURE:**

Communications between prehospital personnel and medical controls and receiving medical centers will utilize the most effective communication means to expedite patient information exchange.

#### **IMPLEMENTATION:**

The State of Washington, the West Region EMS & Trauma Care Council, and regional designated trauma facilities will coordinate with prehospital and hospital EMS providers to create the most effective communication system based on the EMS provider's geographic and resource capabilities. Communication between the EMS prehospital provider and the receiving center can be direct (provider to center) or indirect (provider to medical control to designated trauma facility). Local medical control will be responsible for establishing communication procedures between the prehospital provider(s) and receiving hospital(s).

#### **QUALITY ASSURANCE:**

Significant communication problems affecting patient care will be investigated by the provider agency and reported to the West Region Quality Improvement Forum for review. The agency will maintain communication equipment and training needed to communicate in accordance with WAC.

The West Region Quality Improvement Forum will address the issues of communication as needed.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #12

**Title:       Prehospital Care - Patient Care Protocols**

**Objective:** To define all prehospital care protocols in the West Region.

**PROCEDURE:**

There will be standardized treatment protocols developed with the region and accepted as the minimum standard by each county MPD. Prehospital providers will be able to provide the most efficient and optimal use of their level of training and resource regardless of political boundaries within the region.

**IMPLEMENTATION:**

The Standards Committee, in collaboration with the county MPDs, will evaluate the regional prehospital protocols and standardize where possible and appropriate.

**QUALITY ASSURANCE:**

The patient care protocols will be reevaluated by the Standards Committee annually and approved by the MPDs in the region.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #13

**Title:      Prehospital Provider Equipment List**

**Objective:** To define the minimum equipment requirements for prehospital aid vehicles and ambulances.

**PROCEDURE:**

The regional standard shall be for all licensed aid vehicles and ambulances to be minimally equipped per WAC 246-976-300. These include resuscitation equipment, basic equipment, contagious disease supplies, and medical, orthopedic, and extrication supplies. Pediatric supplies will also be present.

With concurrence of county MPDs, local councils, and regional council, the regional standard for equipment may exceed WAC requirements.

If a regional standard is to be exceeded by the region, that standard shall be identified to DOH/OEMTP. DOH/OEMTP shall notify the region if the standard is to be the responsibility of the state or region for implementation.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #14

#### **Title:      Quality Assessment and Improvement**

**Objective:** Identify the method to be used to assess and improve the quality of trauma care in the West Region.

#### **PROCEDURES:**

##### Prehospital

At least quarterly review of specific and appropriate components of the prehospital quality program will be completed under the direction of each county's MPD.

The following standard for quality assurance is intended as a minimal guideline only. All local entities are encouraged to use quality improvement techniques to continuously improve the outcome for those patients we serve.

Cases will be reviewed by the West Region Quality Improvement Forum per the plan, which will be updated as necessary.

##### Hospital

A quality assurance forum composed of all MPDs, designated trauma facility representatives (nurse and doctor), ALS and BLS representatives from each county, medical control representatives, rehabilitation coordinators, county coroner/medical examiners, and a member from the MAST Committee will review all data analysis and observe trends. Representatives from nondesignated medical facilities, regional education and prevention representatives will be encouraged to participate in the West Region Quality Improvement Forum.

The West Region Quality Improvement Forum will report findings to the West Region Council for appropriate action.

#### **IMPLEMENTATION:**

The West Region Quality Improvement Forum began meeting quarterly in January 1994. The Forum currently meets 5 times per year. These meetings are very well attended by those participants listed above and many other interested parties. A medical examiner/coroner report has been developed to analyze trauma deaths in the region by county. The forum agenda includes at least one morbidity and mortality case study each meeting. The State Trauma Registry data will enhance the abilities of regional quality improvement efforts to improve trauma patient care.

## ***West Region EMS & Trauma Care System Operational Guidelines***

### Patient Care Procedure #15

**Title:           Hospital/Prehospital EMS Personnel, Minimum Standards and Training**

**Objectives:**   To identify a minimum regional training standard for hospital and prehospital personnel.  
                      To define designated trauma facility obligations to participate in EMS and trauma care provider training.

#### **PROCEDURES:**

##### Non Designated Hospital and Ambulance Personnel Standards

In accordance with RCW 18.73.150, the minimum standards for any ambulance operated as such shall operate with sufficient qualified personnel for adequate patient care.

##### Verified Trauma Services and Designated Trauma Facilities Training and Education

All EMS providers of trauma verified ambulance services shall have PHTLS or equivalent trauma courses (WAC 246.976). This training shall accrue towards continuing medical education requirements for these providers.

Level I and II designated trauma facilities will be required to participate in prehospital trauma care training for EMS providers. In addition, the West Region strongly encourages level III and IV designated trauma facilities to participate also. All hospitals are encouraged to provide clinical setting and inhospital training. Regional training standards for hospital providers will be in accordance with WAC 246.976.

#### **IMPLEMENTATION:**

Perform annual regional training needs assessments.

Schedule adequate training to bring the region into compliance with the WAC, as stated above.

Identify the hospitals in the region which currently participate in prehospital trauma training.

#### **QUALITY ASSURANCE:**

All prehospital trauma verified agencies and trauma care facilities will annually evaluate compliance with training requirements and report to the West Region Quality Improvement Forum.



**Appendices are available on request from:**

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**APPENDIX A: WAC 246-976-010 Definitions of EMS Terminology**

Note: The latest revision of EMS and Trauma rules pertaining to training, certification, verification, licensure, trauma registry and system administration became effective on May 6, 2000. The rule language for WAC and RCW can be accessed on the Internet at:  
[www.doh.wa.gov/hsqa/empt/statutes.htm](http://www.doh.wa.gov/hsqa/empt/statutes.htm)

If you do not have access to the Internet, or cannot download the language, you may obtain a printed copy by contacting the Office of Emergency Medical and Trauma Prevention, Department of Health: (800) 458-5281 in state, (360) 705-6700

**APPENDIX B: State of Washington Prehospital Trauma Triage (Destination) Procedures**

**APPENDIX C: County and Designated Trauma Facility Divert Policies**

**County Divert Instructions for Field Personnel**

- Grays Harbor and N. Pacific Counties
- Lewis County
- Pierce County
- Thurston County

## ***West Region EMS & Trauma Care System Operational Guidelines***

### **APPENDIX C (continued): County and Designated Trauma Facility Divert Policies**

#### **Designated Trauma Facility Divert Policies**

- Capital Medical Center
- Good Samaritan Community Healthcare
- Grays Harbor Community Hospital
- Lewis County Hospital District #1: Morton General Hospital
- Mark Reed Hospital
- Multicare: Mary Bridge Children's Hospital
- Providence Centralia Hospital
- Providence St. Peter Hospital
- Tacoma Trauma Center—Adult Services
- Willapa Harbor Hospital

### **APPENDIX D: Listing of Washington State Designated Trauma Care Services**

### **APPENDIX E: Dispatch Center Criteria**

### **APPENDIX F: County Operating Procedures**

- Pierce County Prehospital Trauma Triage (Destination) Procedures